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Inflammation.

Read before the Eastern Kansas Medical Society at Holton, January 12, 1892,

BY

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The word "inflammation" is of latin origin, and means to "set on fire," to "inflame," to "consume."

This term was chosen by the ancients because they entertained the notion that tissues which had been damaged and in which reparative processes had been inaugurated were literally burning. The import of the term applied to the changes which are concomitant with and which continue until repair in the injured tissue is complete, force us to the conclusion that the earlier observers deemed them purely destructive in their tendencies and results.

The macroscopic investigation of diseased processes and tissue changes was the only method accessible to the ancients; and we marvel, not at their failures in the field of etiological research, but at their phenomenal successes. Without chemistry to aid them and with the misleading dicta of the alchemist they still made commendable progress; analogy oftentimes directing them to a correct conclusion.

Adown the ages there is much diversity of opinion shown to have existed in regard to the true nature of inflammation, and not until recent years has the fact dawned on the mind of the student that all investigations and conclusions have been headed in the wrong direction.

The attempt has been made to force theories and make them stand the tests of practical application without first demanding of nature facts for a foundation and facts for material out of which to build the superstructure.

There has been manifest in all reports of investigations in the past that dogmatic determination and blind tenacity which pushes ahead of its every move the one idea, viz., that inflammation is in some way responsible for all mischief regardless of traumatic lesions or specific poisons. Tissues are contused, frozen, poisoned or starved, and at once inflammation results and completes the destructive process, has been the teaching of the past. Indeed, writers, ancient and recent, go so far as to assert that inflammation may originate spontaneously, and without cause its ravages be inaugurated and its supposed mischievous results sustained.

Spontaneous inflammation is beyond our comprehension as far as is spontaneous conception, spontaneous tuberculosis or spontaneous typhoid fever. But upon what authority do we base these impeachments? In Isaiah, 5:11, we read: "Woe unto them that rise up early in the morning, that they may follow strong drink; that continue until night, 'till wine inflame them." The ancient writer here uses the word to convey the idea of total or complete destruction. Galen, who flourished during the second century, evidently used the word to convey the same idea, and charged inflammation with all visible mischief resulting from injury. He wrote: "A gangrene is when any part of the body, from violence of the inflammation, is not actually dead, but is in a state of dying."

In 1844, John Elliotson, of London, wrote: "The first disease of which I shall speak is the most general of all affections. It will attack any part of the body that is vascular. . . . It sometimes occurs simply by itself." I quote from his article on inflammation.

Rindfleish, in his work on pathology, published in 1884, after considering injuries to tissue and the changes that follow, says: "I

has long been customary to call the whole group of symptoms inflammation." His words contain a negation that is indicative, and while he does not draw a line between the results of injury and pathological changes, and nature's methods and active efforts inaugurated purely for reparative purposes, he clearly indicates that he recognizes a misapplication of the term inflammation.

George B. Wood, of Philadelphia, in 1866 gave a definition of inflammation which is broad and comprehensive. He wrote that inflammation is "That series of local changes which commences when simple irritation ceases, and ends only with the loss of life or the restoration of the part to health." In his writings, however, he does not always clearly differentiate between the results of violence and those changes which in the aggregate constitute nature's method of restoring or repairing disturbed tissue.

Prof. J. F. Payne, of London, in his recent work on pathology, gives this definition of inflammation: "The series of changes produced in a part by some injury, provided this be not sufficiently intense to destroy the vitality of the part." By this definition we might be lead to the conclusion that vital influences have nothing to do in bringing about the changes which take place in tissues which have been injured, but which retain vitality. These subsequent changes are produced by "some injury." But let us follow the great London pathologist a little farther. On page 149 of the same work he tells us that "In all inflammations . . . permanent atrophy of some tissue or tissues result. On the other hand it is possible that the processes of repair which follow inflammation may preponderate over destruction and hypertrophy be the result." He here tells us that inflammation and repair are different processes; that inflammation may be followed by repair, and that "repair may predominate over destruction." Inflammation, then, is destruction, and this is what the term implies; and according to the author cited, the word is synonymous with injury, damage and death. Then he says: "Union by first intention is only seen in perfectly clean wounds. . . . The processes of repair are so rapid that there is no inflammation, or hardly any." This last citation makes the original injury, the inflammation and the reparative process separate performances. He also says in this connection: "Many with Hunter regard inflammation as an accident which only hinders repair, or at least prolongs the process;" and the context leads us to the conclusion that he is of the number. But let us follow him still farther. On page 82 we read: "But since inflammation goes on so long as the part is damaged, and ceases when the part is restored to its original condition, we may go further and say broadly that the inflamed condition is the condition of damage; in other words, that inflammation is damage." Then on page 86 he says: "After injury processes are set up which end in repair, and if all processes which arise out of injury are considered as leading to this result, then inflammation must be regarded as essentially a conservative process leading to restoration of injured parts." On page 366, same work, we read: "Besides the special inflammation which produces the tubercle;" and this after teaching us that the inflammatory process is the same wherever found. Payne, though he has given us one of our best text-books on pathology, is not clear in the discussion of this question.

Let us now turn to one of the more recent publications—the most recent that it has been my privilege to examine.

Prof. H. Gibbs, of Ann Arbor, Michigan, in his work on pathology, published in June, 1891, page 127, says: "The most important processes of disease in the human body are those of inflammation." Again, on page 132, we read: "When inflammation has been so severe as to cause the formation of an abscess—that is, destruction of tissue—a process of repair sets in as soon as the inflammation subsides."

The Topeka *Capital* of December 24, 1891, contained the following: "Mrs. Rhodes received a bullet in the neck. If inflammation does not set in she will recover quickly." We infer that the bullet did Mrs. Rhodes no harm. Her surgeon's only duty consisted

in antagonizing the inflammatory process. He must not permit the parts disturbed by the missile to "burn," to "inflame," to "consume." If he succeeds in preventing the "accident," of which Hunter wrote, the wound may "heal by first intention." It may heal without inflammation; or, as Payne would say, "hardly any."

But we might go on indefinitely, giving you extracts from the writings of authors who leave us with no other than the conclusions arrived at in the above citations.

What, then, is inflammation? Is the process so designated a burning and a tendency to total destruction? We answer in the negative, and say that when the term is used to indicate the vital changes in tissue which follow an injury, changes not a part of nor dependent upon the injury, it is a misnomer.

When a tissue is damaged by any morbid agent the extent or virulence of the antagonism determines the amount of tissue destroyed. When life in the part is extinct, the mass must, if considerable, be removed by the surgeon. Up to this time no changes have taken place in the part, other than those directly due to the injury — the surgeon's knife and possibly some post mortem changes in the dead tissue.

Following all this in quick succession are to be noted a series of changes in the adjacent living tissues which are described in every text-book that I have been privileged to examine under the general term "inflammation."

The word is not limited in its meaning, and the changes are variously termed "the condition of injury," "the most common disease," "an accident," and a "destructive process."

What, then, is the nature and what are the tendencies of the changes which in all cases follow after injury? They constitute a series of physiological processes, the intrinsic tendencies of which are to repair and restore to as nearly a normal condition as is possible tissues which have been injured. These normal processes may be hindered by morbid agents — tissues — the vitality of which has been destroyed, and in which putrefactive changes are in progress, or the parts may become infected with bacterial germs. These constitute a second injury, and are not a part of nor are they dependent upon the so-called inflammatory process. The latter is essentially a conservative one, leading ultimately to the repair of injured tissues. It is found to be the same wherever a solution of continuity exists. "Plastic" or formative material exudes through the capillary walls, and if not interfered with, will take its place in the forming tissue by anabolic change.

An increase in temperature increases cell activity, and accordingly we find nature provided with a mechanism whereby it is possible to extort from the cell element of the tissues the maximum amount of work. By physiological process the temperature of a part is raised above that of the surrounding tissue, and desirable activity in the processes of repair thereby secured.

Recent investigations show clearly that there exists, centrally located, a heat center, stimulation of which by direct irritation or reflex influence will produce quickly in a part a rise of several degrees in temperature. All are not agreed as to the exact location of this important organ, but all agree that it exists and is central.

It is also a recognized and well-established fact that heat is generated during anabolic and katabolic movements in tissue pabulum, and if this process be stimulated by elevation of the temperature of the part in response to demands made upon the heat center, the aggregate physiological increase of temperature in the tissues in which reparative changes are in progress is the heat liberated by the excess in anabolic and katabolic change, plus the energy furnished by the heat center and liberated in the part in the form of heat.

Where the tissues, in which reparative changes are in progress, are loaded with disintegrating organic materials, such as extravasated blood and particles of killed tissue, molecular changes in them will be attended by the liberation of heat. The amount of heat liberated by the chemical changes referred to depends upon the energy displayed, and is no part of, nor is it in any

way dependent upon physiological processes. It may by its intensity retard physiological repair, but never enhances it. On the other hand, heat evolved by the physiological processes is always in direct proportion to the requirements in a given case. Let us draw a hard line between physiological repair and the results of injury.

The Duties of the Doctor.

Read before the Oklahoma Medical Society,

By DELOS WALKER, M.D., Oklahoma City.

The duties of the doctor are many—too numerous to be named in a paper so brief as this one is—nor can all the essentials of the few duties herein mentioned be considered.

The prime duty is to be learned professionally—to know as thoroughly as possible about the things you advertise to be competent to do. This very properly means the acquiring of the knowledge which the teachers teach.

For no matter how studious one may be, how retentive one's memory may be, how close and continued may be the application, how great the number of books devoured, still the student, if honest, will admit that he never comprehended what his profession was until he fully entered upon his course in a medical college. Now he comprehends, for the first time, the vastness of the field of learning he is in, his responsibilities, the possibilities for doing good, and the impossibility of mastering the half that lies before and lures him on. He learns here for the first time where to acquire the needed knowledge, and how, as it were, to reach for it when needed. This is much—it constitutes one a scholar. So much knowledge as this renders one reasonably proficient and reliably safe. He cannot be so much of a scholar as this outside of the medical and surgical schools. Being learned enough to be safe, means that you can determine with care what ails your patient, and that you know what not to do. It does not necessarily follow that he who has pushed his investigations through the best schools of this or any land is a successful practitioner of medicine and surgery, for there is much in tact and adaptability; there is much in inherited capacities, in innate trends of mind.

It is in medicine as in music, oratory, etc., where a thousand take lessons of the same great master, and but one thrills the soul with music or melts to tears or rouses to heroic action with eloquence. Yet, while some may be learned and fail, all who are not learned must fail. When those most learned in medicine contemplate their weakness, they are impressed with the dereliction of duty, amounting to criminality; of those who attempt the care of the sick and maimed without first acquiring the knowledge taught in the universities of medicine and surgery, without first acquiring all the knowledge possible, for no where else is Pope's "a little learning is a dangerous thing" so painfully and cruelly true as in our profession. So the first duty of the doctor is to be learned; this is believed by some to mean more than learning in the things belonging to his profession. Mark Twain or Chas. Dudly Warner makes an old retired physician in Philadelphia, on entering a friend's house where some one was sick, say: "Who is your doctor? Does he know anything? I don't mean 'does he know anything about medicine?' for the chances are that if he don't know anything but medicine, he don't know anything about that."

These interrogatives and statements of this Philadelphia doctor must have always impressed the medical reader of the "gilded age." His statement was true—is true—always will be true. It is true every where as in medicine. He who knows nothing but law, knows nothing about that. He who knows nothing but theology, knows nothing about that; or, at best, he but serves to make, by contrast, more brilliant and respectable the charity, the toleration, the philosophy and eloquence of those who are learned—learned in all that are tied up in a legitimate bundle of relations with the chosen profession. No knowledge in the abstract, separate and apart from its surroundings, is very valuable—it is very much short of the full understanding. You may

know an isolated fact, but often, if you act on that fact without considering its source or whither it is tending, you will make a very great mistake, or your effort will fall short of the full demands of the case. Every fact or thing rests upon something out of which it grew, and out of it something is always developing; it supports something to the right or left, or to the front or rear of it, or is supported by these; in a word, all things and all professions are bound in an appropriate and unavoidable volume with other so-called specific lines of education, and to ignore them is to go halting and unsafe and unsatisfactory in your chosen business or profession.

Prof. Palmer, late professor of practice, so often quoted from Shakespeare that a student asked him in a note "which he would recommend on practice, Wood or Shakespeare?" He answered, "Wood, but still every practitioner of medicine should be familiar with Shakespeare."

Probably the next most important duty of the doctor is solicitous attention to his patient—to see that all his knowledge and skill are bent on the care of the afflicted who have been entrusted to him. No cold, heat or storm should stop or delay him if the case be urgent. Not that you are to rush and fume and foam, and become the author of that fussy haste which lessens speed. Not that you are to kill a horse every time the messenger screams in your ears that stereotyped "He is at the point of death." But you are not to neglect a very sick patient. That you may alleviate his suffering or hasten his recovery, you are to forego the pleasures of the picnic, excuse yourself to your dearest friend with his tale half told, or halt your own redolent verbosity in mid career, or with a, at most, "to be continued." The feast should be fled from untasted or but half devoured, and the after-dinner hilarity and music should be left to the enjoyment of those who follow professions which, if not more learned, honorable and merciful, at least allow of more cheer and health-giving leisure from the every day needful tasks of life. Some learned judge once said that "the implied contract between the patient and doctor was that the doctor should have knowledge—that is, be a doctor of medicine and surgery—and that he should with diligence and attention apply his skill and knowledge to the care of the second party of the contract." While it may be out of place right here, the judge further stated that "when the first party to the contract had the medical and surgical knowledge, and applied it industriously and with fidelity, he was not responsible for results." It is fortunate for the party of the first part that the courts so hold, for were it otherwise a class of scoundrels, who never discharge an honest obligation in their lives, would constantly belabor the profession with lawsuits because forsooth its members are not in the miracle business. As a matter of fact, the man who has had the energy and laudable ambition, and given of his money and many of the years of his early or later manhood to master a profession, can be depended upon to do all in his power to care for the sick or wounded depending on him. He is going to be anxious, going to watch every sign and symptom, going to give the case earnest thought at high noon; and if danger of death, he tosses sleepless, or sleeps in trouble in the noon of night. He struggles, naturally, to save his patient. It is a battle. He wants to win. His ambition demands it. His reputation demands it. The doctor is human, and his human sympathies are those of other mortals. He sorrows more than others who are not kindred, for as he has watched the wasting form from day to day the tie which binds the doctor to his patient has grown to be one of tenderness. Business, as a commercial affair, is forgotten. The patient leans upon the doctor, confides in him, has full faith in him. As he falters from day to day and nears the "Great Beyond," he reaches confidingly as from the dim distance. All the grieving friends are watching for a look of hope or want of encouragement from the same source. Under all these circumstances every kindly sentiment and every business incentive prompts the doctor to do all in his power for the bettering of the physical condition of the sick—and the rule is, he does it. His reward occasionally being a con-

scientiousness that he has done his duty—that "duties are ours, consequences are God's." Though the exceptions are many and the physician often finds himself cheered and buoyed up by a recognition by the intelligent and honorable that he is constantly offering his health and quiet for the comfort and care of the afflicted, and that he never fails, if duty demands, to offer his life in storm, and flood, and pestilence, with the hope of staying the march of death among his fellow-men.

It may not be the most appropriate order, but there is a kind of duty the doctor owes to society, or the individual members thereof, to those not sick, but who are liable to be, and who are entitled to a living example of the best modes of life to preserve health, which duty is placed third on the list. A doctor would naturally be expected, so far as the welfare of his patients will allow, to obey those laws which insure vigorous growth, full development, stalwart accomplishment across the great middle plane of life, and which hand one down to a happy and philosophical old age—philosophical because other things being equal, the better the physical the better the mental.

Briefly, the doctor should set, and be, an example of physical well-being—should obey the laws of health which he advertises to understand, just as a preacher who gives advice in spiritual matters should, and is expected to, quit swearing. All will agree that he should practice what he preaches, so that, should he keep on swearing, he generally quits preaching of his own accord. This is in accordance with the fitness of things, and is commendable for its consistency.

The doctor should be as consistent as the preacher. His example teaches much, his influence counts for much, especially with the young, whose habits for life, wholesome or otherwise, are yet to be formed or are just being formed.

But your essayist must cross the Rubicon; he must cease skirmishing, and say his say with a full knowledge of the fact that his views may not be true views; and knowing that even if his views be true, which he sincerely believes, that he is actuated by no spirit of censorship in what he has written, but rather by the kindliest feelings of fraternity.

Among those habits which it is believed every member of the profession should abandon or never acquire is that of drinking alcohol as a beverage, even though drank in moderation, even though it does not injure him when he drinks in moderation, because he is supposed to have judgment in habits of health, and to practice what he so well knows. He will induce others to contract the habit which in very many may reach excess or physical injury. The doctor should have the spirit of Paul, who said: "If eating meat makes thy brother to offend, then eat no more meat."

However, it is not admitted here that "drinking in moderation" does a doctor no harm, for it is known harm comes of poison taken by people in good physical health. If a doctor or any other person be sick, the taking of prussic acid, arsenic, strychnine or alcohol may be the proper thing to take to aid in returning health, but the body is vitiated and greatly impaired by eating or drinking the same things when bodily well.

However, the injurious effect of alcohol, even in moderation, if imbibed persistently, is so well understood by the laity that the physician who indulges is less likely to have his habits copied than in the old time. In fact, the lesions of the important organs of the machinery of life are so well understood by the students of to-day that the erring doctor is more likely to suffer in his reputation for consistency than to injure others who have grown too wise to be misled. Still the doctor, of all men, should have his habits those of health, and none so much as he is guilty of grave neglect of duty in indulging in habits which injure health or shorten life.

The probabilities are that what has been said of the drink habit as an admonition is lost on this society, whose members in this respect are exemplary.

But there is another habit of which so much cannot be said, namely, the tobacco habit. It is not the province of this paper

to describe the injurious effect of smoking and chewing on the system. It is no longer a debatable question.

Dr. Richardson, in contemplating this wide-spread habit, says: "It is a singular thought that at any moment you may fix upon more than one-half the English people are drugged. It is insisted that those who advise others in matters of health and advertise that they are competent to do so, should not be of that number who with no claim that they are diseased are yet taking medicine daily.

If a gambler had money up on the Harvard boat crew, and he learned that but a single member of that crew uses tobacco from day to day, he would pay the forfeit and cancel the bet.

No man pulls a winning oar who smokes or chews. Should the prize fighter and contesting crew have a monopoly of the best physical power and endurance, when, as has been said before, the best moral comes of the best physical, other things being equal? Has the doctor no important duty out on this line? Has he no duty other than to treat a disease when it comes? Surely he should stand out emphasized as the very paragon of law abiding in all the habits which conduce to vigorous life and abiding health.

If the doctor of divinity swears not because it is not good for the soul, the doctor of medicine should smoke not because it is not well for the body. If the minister who advises you with reference to your spiritual well-being should take down his sign when he swears, should not the adviser, with reference to your physical well-being take down his sign when he chews? If not, why not?

Every school in all the land teaches the ill effect of tobacco. No teacher would be hired who would not teach it, and he would not be retained in school if he did not practice what he teaches. Are all others except the doctors to obey the laws which they teach?

"In the beautiful golden sometime," as come such time will, when doctors are consistent, when they do as well as they know, when they do their whole duty in these matters, then society will be made better, each individual member of society will be stronger with roseate health, will be cleaner and truer, and all the world will be more nearly one of sunshine and joy.

Shall We Operate in Damaged Tissues?

Read before the Golden Belt Medical Society, January 7, 1892,

By P. DAUGHERTY, M.D., Junction City, Kas.

Mr. President and Gentlemen of the Golden Belt Medical Society.—

Thirty-five years ago when I entered the profession it was a maxim with the old members of the profession never to operate in damaged tissues, but in all amputations to operate in sound tissues, or, in other words, to remove all injured, damaged and diseased tissue. Many went so far as to say that you might always expect more or less necrosis of your flaps when made in perfectly sound tissues. This being the case, what could you expect if crushed or damaged tissues were used in the formation of flaps? That flaps were prone to slough in those days I know from sad experience, having seen a number of stumps with bare bone or covered only by a tender cicatrix, often requiring a second operation. But this was before the birth of antiseptics or even asepsis. The surgeon of those days was not over particular with his instruments, and spent but little time on his finger nails. No wonder he feared to operate in damaged tissues. But it is always best, even at this day, to operate in sound tissues, provided you can do so without doing it at the expense of the usefulness of the member. But if I can add to the usefulness of a member by utilizing damaged tissues in the formation of flaps, I never hesitate to do so, and in my limited experience have never regretted doing so. But on the other hand I have received the thanks of a number of patients for saving to them parts that twenty-five years ago would surely have been sacrificed.

My first lesson in operating in damaged

tissues was in 1868, at Terre Haute, Indiana. A man about thirty years old, of fine physical development, in attempting to escape from an officer was shot in the thigh, the ball damaging the coats of the femoral artery near the junction of the middle and lower third. A week or more after the injury the vessel began to leak, and I was called to see him, the attending physician being out of town. I found the entire limb infiltrated with blood, and everything about the bed saturated. I compressed the artery and sent for Dr. Link, and we decided to amputate. We operated in the middle third by the circular method, and found to our surprise that pus had burrowed in between the sheaths of the muscles nearly or quite to the trocanter. In fact all the muscles of the thigh seemed to be dissected out. We washed out the pus as best we could. We used no antiseptics, not even sterilized water, for this was before the birth of antiseptic surgery. We left the wound open, not even bringing the flaps together for some days; elevated the stump and spread some oiled silk over it and dressed it every day. So you might expect we had a great deal of suppuration, but the man made a good recovery and had a good stump. Had we followed the practice of those days we would have amputated at the hip joint, and in all probability Dan Shelton would not have lived to exhibit the stump.

On the 2d of March last a tramp, beating his way, got his foot caught between the flange of the draw-head and the deadwood on a U. P. train at Ogdensbury. He was brought to Junction City, and I found the foot crushed into the shape of a sun-fish. He was suffering intense pain, and I could not even cleanse the foot, which I do not think had made the acquaintance of soap and water for six months, until I gave him an anæsthetic. I found the phalanges and metatarsal bones crushed, with the tissues ground into mince meat. I thought of Hey's operation of sawing through the internal cuneiform and separating the metatarsal bones from the midde and external cuneiform and cuboid bones, but found I could not get tissue enough to cover the parts. So I made a Forb's operation, separating the cuneiform bones from the scaphoid and sawing through the cuboid. I made my incision one-half inch in front of the scaphoid bone and disarticulated the cuneiform bones from the scaphoid, and sawed through the cuboid in its anterior half. I dissected the tissues up, keeping close to the bones, carrying my flap well forward in the bottom of the foot, where, to all appearances, the tissues were not so badly damaged. When I cut my flap out, to my surprise the whole side of the foot down to the plantar fascie dropped down. It had all been crushed loose from the parts beneath, clear back to the os calcis. The only thing for me to do was to utilize the damaged flap that I had or resort to Pirogoff's operation. My friend, Charles Truax, of Chicago, has shown us that in the light of prothetic surgery Pirogoff's operation is a sad failure, and should never be resorted to. I cleansed the parts as best I could and closed up the wound, finding it a little difficult to accurately suture the thick skin of the plantar surface, for it was very thick and intensely hard, to the thin skin on the dorsum of the foot. I used no drainage tube. In fourteen days I removed the dressing and found the wound completely healed. I removed the stitches and found just one drop of pus which I attributed to an unclean stitch. This man is walking on his foot with but a very slight limp. To see him walking on the street you would not know that he had lost a portion of his foot.

On the night of October 21, 1891, J. S. Kiner got his hand caught in making a coupling in the yards at Junction City. I was called soon after the accident and found all the fingers and thumb of the right hand crushed. The middle finger was crushed off and gone. His thumb and little finger he could move, and upon a superficial examination I thought I might be able to save them. I put him to sleep, and upon a thorough examination found that the life was crushed out of them. I found a v-shaped tear in the palm of the hand, with the base toward the phalanges and the apex reaching back between the thenar eminences. On the back of the hand I found the scarf skin torn from the distal ends of the metacarpal

bones of the middle and ring fingers for about three-fourths of an inch. The question for me to decide was, where should I amputate? I decided to patch up flaps and amputate at the metacarpo-phalangeal articulation. I removed all the fingers and thumb at this articulation, and stitched up the rent in the palm of the hand. I then found that the skin was torn loose on the back of the hand over the metacarpal bones of the middle and ring fingers nearly their entire length. Here I had not only damaged tissue for flaps, but damaged tissues above the flaps. I irrigated the pockets well with a 5 per cent. solution of carbolic acid, dusted them with iodoform and closed up the wound, having to stitch up a number of rents in my flaps. I used no drainage. On the thirteenth day I removed the dressing and found the stump over the thumb, index, ring and little fingers completely healed; and that of the middle finger nearly so. But on both sides of the condyle of the metacarpal bone of the middle finger, where the scarf skin was torn off, I had a patch of necrotic tissue and another at the apex of the rent in the palm of the hand. These places had to heal by granulation, and they are now (ten weeks after the operation) virtually closed up. I have saved this man a paddle which will be of great use to him, and my friend Truax can supply him with fingers and thumb. This man has a good stump well cushioned, and will have no tender cicatrices. When he awoke I explained to him the difficulties I had encountered, and the possibility of a second operation in case this proved a failure. When, in operating, I can save that which is useful to my patient, I do not fear damaged tissues, provided the violence has not been so great as to completely destroy the circulation through the part. I could go on and give a number of other cases that have come under my observation, but I think these are sufficient to illustrate the principle that I wish to inculcate. Do not be afraid of damaged tissues if anything is to be gained by utilizing them. Do not be over anxious to operate; many a limb has been amputated that might have been saved. And a poor natural limb is better than a good artificial one. The first limb I ever saw amputated was for a chronic ulcer of the leg, and today any second-year student would be able to cure such a case in two months time.

La Grippe.

Read before the Topeka Academy of Medicine and Surgery February 2, 1892,

BY

R. E. McVEY, M.D., Topeka, Kansas,

PROFESSOR OF CLINICAL MEDICINE IN THE KANSAS MEDICAL COLLEGE.

La grippe first made its appearance in China in the year 1888. In that year there were floods in China which caused a great many deaths. The dead were allowed to remain unburied, and the people were exposed to the stench arising from the decomposing bodies, and from this cause the disease was supposed to have taken its start. La grippe soon found its way into Russia, and from Russia it spread to the larger cities of Europe; from Europe it made its appearance in the United States. In the winter of 1889 the disease first made its appearance in Topeka. Since which time it seems to have become naturalized and will take its place as one of the fixed diseases of our city. And yet it is possible that the disease may disappear after staying three or four years, as was the case in former epidemics of the country.

Although la grippe has made many epidemics, spreading over the entire civilized world in former times, as the present epidemic has done, yet the nature of the infecting agent which sets up the disease is not understood. We now believe the disease to be of microbic origin; the infecting agent to be a vegetable cell which finds its way into the blood through the air passages, which produces a specific disease, the symptoms and behavior of which is the same in every country and climate where the disease has been reported, as the disease has invaded every country of the civilized world. The source of infection must be contained in the atmospheric air. The difference in the

severity and character of symptoms being due to difference in the resistance of tissue to the infecting agents. Some kinds of tissue furnish better soil for the development and growth of the disease.

The disease presents for study three groups of symptoms — the fever, catarrh and the nervous depression. The disease makes its appearance by a feeling of malaise, with aching in the back and legs, accompanied by tenderness of the muscles and stiffness in the muscles of the back; the mental power is enfeebled and the acuteness of the special senses are blunted; the eyes glimmer; the taste especially loses its acuteness and sometimes does not return to its normal condition for quite a long time after the catarrh has disappeared; the sense of smell is also impaired; the cold seems more severe than an ordinary coryza; there is sneezing and discharge from the schneiderian membrane; in some patients the eye lids are swollen and there is lachrymation, the lachrymal gland being affected by the inflammatory excitement; the pharynx is reddened and irritated, and often dry at first; cough is hardly ever absent; the cough is mainly laryngo-tracheal, but may become bronchial; there is a lowered vital condition manifested by a depressed circulation, and an enfeeblement of the functions of the brain and spinal cord; the fever is dynamic in character, the temperature varying from one to three degrees; the pulse is also variable; in some patients it is quick and weak; in the aged it is quick, weak and frequently irregular; in others it may be full and slow, but without force; the intensity of the force is not in proportion to the other symptoms; the urine is diminished in quantity and may deposit urates after cooling. The disease usually runs from four to fifteen days, but it often takes six months to recover from it.

The following conditions of the special organs are observed by Dr. J. E. Minney, of this city. He says when the eyes are rotated upwards a most severe pain ensues, as if a sharp knife were being thrust in from above downwards. This sensation is only felt when the eyes are turned upward and outward. Sight is slightly painful, and reading hurts the eyes and causes lachrymation. A supraorbital neuralgia follows when the eyes are rotated for any considerable length of time. It also produces redness of the conjunctiva, and in some cases sets up an inflammation of the retina.

This is all due to congestion or to irritation of the nerve centers. In some cases there follows a condition of neurasthenia of the retina. Accommodation is painful, showing that ciliary muscles are involved. The doctor says there is a neuralgic condition of the ears, and there is suppuration of the middle ear in some cases as a result of inflammation. He regards the inflammation of the middle ear as an extension of the naso-pharyngitis or the catarrhal form of the disease.

Dr. J. W. Maguire, of Hutchinson, Kansas, observed that some of his patients had partial loss of vision. In some others the disease resulted in atrophy of the optic nerve.

E. M., aged forty-eight years, colored, was taken with la grippe about the middle of November, 1891. Was taken with headache, high fever, pains in limbs, sore throat, and cough, dizziness and shortness of breath. Headache grew worse, eyes became affected, and there was partial loss of vision. Saw him first about December 15, when there were evidences of pericarditis. At the present time there is tenderness over the posterior-cervical region and feebleness of sight. Both ears are affected by inflammatory deposits. There is now a slight cervical myelitis, manifested by numbness in the upper extremities. After the corpuscles of the blood have received the infecting agent they lose their power of self-direction, and the natural tendency is to hyperæmia and congestion in the capillaries. The presence of the poison in the blood produces more or less shock to the nervous system, and altered tension of the blood vessels follow. The surface vessels are contracted by the irritation of the vaso-motor constrictors. The surface blood vessels being deprived of blood there is a sense of chilliness — the commencement of the attack. Heat is retained and there is a rise of temperature. When there is loss of blood in the surface vessels, there

will be more in the central blood vessels. The mucous membranes are liable to be in a state of hyperæmia with exudations of leucocytes through the capillary walls. The sub-mucous tissue becoming infiltrated is relieved by a free discharge from the mucous epithelium. In some cases the toxine spends its force upon the cervical portion of the spinal cord, and especially upon the functions of the medulla oblongata. The inhibitory function of the filaments of the pneumogastric nerves, distributed to the heart, being crippled, its action is irregular and feeble. With an inflammatory condition of the blood and an enfeebled circulation there is a tendency to the formation of thrombi in the roughened blood vessels and an embolus in one of the smaller vessels may be produced, with ischæmia and neuralgia perhaps in the sciatic nerve, or if carried into the lung, produce a croupous pneumonia. In old people the disease probably results fatally in some such way. In one case I have had extreme nervous irritation. The patient seemed to be in danger of insanity. I think in his case the extreme nervous irritability was due to anæmia of the central nervous system; the blood in the nervous centers being deficient in quantity or in quality, or altered in such a way as not to give nutritive support to the nervous tissue. The constitution of the blood is probably more or less altered in every case with a resulting anæmia.

The organic nervous diseases which have developed during an attack of la grippe are lepto-meningitis, neuritis, myelitis, meningo-myelitis and meningo-encephilitis.

The forms of inflammation of the brain and cord most usually found to exist upon post mortem examinations are lepto-meningitis or inflammation of the soft membranes. Any part of the nervous structure may be overcome by the violence of the poison of la grippe. The pains of a rheumatic character are probably a myositis or neuritis.

The per cent. of the population of Topeka which has been affected by the disease will reach from twenty-five to fifty per cent. during the last three months.

The diagnosis of la grippe is not always easy. There is no inter-dependence of symptoms. One group will be out of proportion to the others. In the majority of cases here there has been but little fever, while in a few cases the fever has run from four to five degrees. The most reliable diagnostic symptom is the catarrh. When the nervous prostration is the leading symptom it is out of proportion to either the fever or the catarrh. All the symptoms are dependent upon the presence of the infecting agent in the blood and its location in the capillaries involved. In many cases there is mixed infection, the disease complicating with the peculiar constitutional affection to which the patients are liable.

The prognosis of la grippe is favorable in the majority of cases, except in the very young or old. The disease of la grippe is not intense enough to destroy the protoplasm of the cells in the parts affected. When not destroyed, the cells possess an intrinsic vegetative power by which they repair their lost vitality. If the cells should be destroyed by the disease, the defect is repaired by proliferation of the adjoining cells of the same kind. In the mucous membranes the epithelial cells which have retained their vitality proliferate new tissues and ultimately remove the dead epithelium and exudation by elimination. The elimination of the poison takes place principally through the mucous surfaces of the air passages. The epithelium, when in a state of inflammation, is stimulated to increased activity and consequently secrete an increased quantity of mucus which probably contains disease germs. The bowels and kidneys take part in the general process of elimination. Some times there is diarrhœa; in others the urine is scant and probably contains the germ of the disease. It has been taught that there is an antidote to the poison formed in the blood by which the poison is neutralized, and the progress of the disease is arrested if the whole of the poison is neutralized; if not, the disease is protracted. The etiology of the disease being uncertain, no uniform system of treatment has been adopted by the profession. Phenacetin and salol seems to have preference, and has given better

satisfaction than any other remedy. The phenacetin being analgesic and an antipyretic and the salol an antiseptic. The mild chloride of mercury in small doses at the beginning of the disease is indicated to relieve the tension of the hyperæmic blood-vessels of the central nervous system. It should be given until catharsis is produced, as there is a tendency to the formation of the thrombi and the occurrence of an embolism. A liquifacient is indicated; the ammonias are the best liquifacients. In the early stage of the disease ammonium chloride is a very efficient remedy. When the circulation is weak, the carbonate should be given. At the outset of the disease quinine has not given satisfaction, and yet it seems to be indicated, as it prevents hyperæmia, congestion and blood stasis. When there has seemed to be a rheumatic tendency, I have used salicylate of quinine, combined with arsenious acid with good results.

For the cough the hydriodic acid is a very efficient remedy when the cough is severe and out of proportion to the other symptoms. When paroxysms of coughing are violent and producing myalgic pain in the chest and exhausting the patient, the syrup of hydriodic acid may be given in teaspoonful doses, well diluted with water, every three hours until the violent paroxysms of coughing are relieved. It is a very pleasant medicine to take, and does not offend the stomach.

Aconite and gelsemium have been used by some of our physicians and they claim with good results in relieving the nervous irritation. For the anæmia produced by the disease the tincture of iron is the most efficient remedy for the restoration of the blood and for improving the general nutrition. That it is the reparative properties of the tissues which produce the cure is very manifest in the results obtained from remedies which are contra-indicated by the symptoms and pathology of the disease.

READ the advertisements. There are several new ones, but they are all good reading.

Orthopœdic Surgery.

Read before the N. E. K. M. & P. A. at Netawaka, Oct., 1891,

By DR. M. C. FARRAR.

Gentlemen: Unfortunately you have given me a subject with which I am not familiar in practice, but I shall endeavor to tell you what I have seen in one particular part of orthopœdic surgery, namely, the treatment of deformities by massage, as our brothers of the east term it; mas-sage we of the west call it.

I had the pleasure of conducting a class in massage for deformities, under Prof. Gibney, of the New York Polyclinic, and thus had a very good opportunity to witness the beneficial influence of this line of treatment.

Massage has been, and is, replacing splints, braces, straps and the thousand and one apparatuses of former days of orthopœdic surgery in the matter of correcting deformities, strengthening weak muscles, etc. The *modus operandi* is very simple: very little attention is given the "tapping," but special stress is laid on friction and the calisthenics of the muscles. The tissues are squeezed, rubbed and kneaded freely with the warm, dry palm of the hand. In the calisthenic exercise the patient is first put through the movements of the body standing; of flexion of the body forward and backward at the hip joint, involving the spinal articulations; then lateral flexion. These motions call into play the muscles of the lower extremities, but more so those of the chest, abdomen and spinal column, naturally producing free movements of the articulations of the trunk. The muscles of the upper extremities are exercised by means of dumb bells, *i. e.*, exercising first with those of light weight, and increase the weight of the bells as the strength of the patient increases.

The patient is next laid flat on a table and the muscles of the trunk first exercised, viz.: Patient lying flat on his back, the operator brings the trunk of patient to a perpendicular by raising with one hand under the head, the patient opposing by action of the spinal muscles. When erect, the patient resumes the recumbent posture by forced muscular action, the operator opposing the body by means of the hand behind patient's head.

The next movement is for the patient, flat on his back, with hands at sides, to raise the body to the erect posture, the operator opposing by pressure of the flat hand on the chest. Then the operator forces the body back to the recumbent position, the patient opposing by means of the muscles of the chest and abdomen anteriorly. This gives most excellent exercise to the anterior abdominal and thoracic muscles. Next the patient, still flat on his back, flexes the extended leg on the abdomen, bringing the leg upward perpendicular to the trunk, the operator opposing the motion by pressure of the hand on anterior surface of the ankle. Then the operator brings the leg back to the table by bearing on the ankle, the patient opposing. This, you see, exercises the muscles of the thigh and leg in front, the quadriceps ext. femoris, the tibialis ant., ext. long. digitorum and all extensors of the anterior surface of leg. In addition, it exercises the anterior muscles of the abdomen and chest. Now lay the patient face down with the brim of pelvis at edge of table, body projecting over edge of table, holding the patient's feet to the table by one hand on calves of legs; flex the trunk on the lower extremities by bearing heavily with palm of other hand against patient's shoulders or back of the head. The patient resumes the horizontal position while the operator resists by bearing down on the shoulders. This exercises all those muscles of the posterior part of the body that maintain the erect posture standing.

Now with the trunk on the table, face down, with the lower extremities projecting, force the leg downward, flex on the abdomen, the patient resisting. Then the patient brings the leg to the horizontal, the operator resisting by the hand on back of the ankle. This again exercises the muscles of the leg as well as those of the trunk posteriorly.

The one and great idea is regularity in going through the course. Naturally, the muscles are more easily tired in the beginning, and can stand only a small number of each variety of movements. But go through each separate movement a definite number of times and that number can be increased as the strength of the patient increases. When they can stand only ten or fifteen minutes in the beginning, it is not long till they can stand the exercise one hour twice a day. It is simply marvelous what can be, and is, accomplished by this line of treatment.

Children eight and ten years old, who at the beginning of treatment were pale and weak, and had spinal curvatures purely from muscular and ligamentous weakness, become strong and hardy; and I have seen girls of eight so strong that three-fifths of the practitioners attending the Polyclinic were unable to resist the flexions and extensions of the limbs of these girls. I have seen cases of spinal curvature with angling, first straightened by means of extension and P. P. jackets, have the deformity removed altogether by a course of two or three months of massage and calisthenics. Other cases of talipes requiring braces along with the course in the beginning have been so benefitted that braces and aids of all sorts were unnecessary after a few weeks. It stands to reason that exercise and training the weak muscles, making them strong, is more rational than taking from them any and all exercise, which is done when appliances are used.

If you have never tried this line of treatment, you will be greatly gratified with it when you do try it; unless, however, it is given regularly and thoroughly the full benefits will not be derived.

CHLORINE water is claimed to be one of the best antiseptic agents extant.

For Cold in the Head.

There is no better remedy than gelsemium. One good, large dose, say ten minims of the fluid extract, taken upon going to bed will effectually dispose of this troublesome and uncomfortable affection. One dose is usually sufficient.—*Medical Summary.*

SOCIETY PROCEEDINGS.

The Tokeka Academy of Medicine and Surgery.

The Topeka Academy of Medicine and Surgery met in Lincoln Post hall, February 2, 1892.

There were present Drs. Peers, McClintock, Ayers, Sheldon, Powell, Donaldson, Schenck, Morgridge, Magee, Lindsay, Ward, McVey, Cannon, Stewart, R. E. McVey, and visitors Drs. Sellards of Scranton, Maguire of Hutchinson, Pickard of Burlingame, Bunn of Lawrence, and students Smith, Gilman and Gundrie.

The following gentlemen were proposed for membership: Dr. F. H. Conger, Col. P. and S., N. Y.; Dr. W. S. Bunn, of Lawrence, Columbus, O., 1884; and Dr. W. S. Pickard, Chicago Med. Col., 1886.

The first paper of the evening was read by Dr. R. E. McVey, on the subject of la grippe. (See page 515.)

In the discussion of the paper, Dr. Magee said: "This is a subject which, while common, is shrouded in mystery, especially as to etiology. As to the origin being a vegetable cell, I am unable to say. It seems to me from the line of symptoms the pneumogastric is the nerve involved, for we have the cardiac, the pulmonic and gastric symptoms. It seems a plausible theory that the poison is taken in through the respiratory tract and reaches the pneumogastric through the terminal filaments there. Does not need to enter the blood to produce a toxic effect. It does not have a period of incubation, or, if so, it is short. If it be of germ origin, it must have a period of incubation.

"The nerve centers and the nerve tracts are the tissues upon which the poison seems to spend its force. We have neuritis of various nerves, and also meningitis. A report of the experience at an insane asylum shows that it does not spread as a contagious disease. It has a tendency to increase or heighten an already existing neuropathy. Some of the fatal cases are, I think, the result of over medication by the patients. The promiscuous use of such heart depressants as antipyrine and phenacetine by the patients is to blame, and the physician is often unjustly censured."

Dr. Schenck.—"Epidemics of catarrh are co-extensive with the history of medicine. They have occurred through all ages and countries, each epidemic having characteristic features, yet more or less alike, all expending themselves upon the lungs and nervous system. The fashion now is to seek for a specific germ as the cause of every disease, but when we have christened him we pay no further attention to this causation, but base our treatment on rational principles. The grippe of to-day is different from that of two years ago as I have seen it. The common cause of this epidemic is found in sudden and severe barometric changes. These changes cause irregular generation of nervous force and irregular innervation. They affect organs that should eliminate toxic material. While there may be acute cases, the tendency is to adynamic conditions. The prominent types of influenza are the pulmonary and the nervous, but in all catarrhal epidemics the neuroses are more common than in other infectious and epidemic diseases. There is a lowered vitality in the nervous organism.

"This leads us to a logical treatment upon which we will largely agree. We will take the bromides with caution; the coal tar products with more caution. This disease is more likely to attack the feeble, the old and the neurotic. Most of the sudden deaths are due to the careless treatment with these remedies and the alcoholic treatment.

"Menthol and camphor, gelsemium or hyosciamine will relieve the pain. Hot foot baths, belladonna plasters and hot poultices are of advantage in the pulmonary form, and here veratria may be given cautiously. And we may rely upon the carbonate, muriate or bromide of ammon. When the bronchi are involved, hot inhalations should be the rule. Relieve the symptoms and pathological conditions by treatment directed to them. Each case demands its own treatment. Quiet and rest in bed till convalescence is established must be enforced.

Undue exposure before or during convalescence is dangerous. Tonics, quinine, strychnia and phosphorus are indicated. Alcohol is not curative of the disease. Among the sequelæ is albuminuria. Watch the kidneys and prevent the accumulation of ptomaines."

Dr. Peers.—"I would like to call your attention to three cases which seem to be results of la grippe. Two cases of confinement and one of miscarriage. The first case was taken a few days after confinement with symptoms of la grippe, and apparently recovered, but soon after the flow returned with ovarian tenderness and some inflammation. In the second case symptoms of la grippe appeared a few days after confinement. There was flowing, inflammation and a probable obstruction of the the bowels, and death.

"The third case came down with la grippe and began flowing profusely. Menses had been delayed two weeks. There was probably a miscarriage. Phlegmatia albadolens followed. I have concluded the disease may cause pelvic inflammation."

Dr. Sellards.—"I agree with Dr. Schenck as to treatment. We must examine each case and prescribe accordingly. I think after twenty-four hours, with proper care, they don't need medicine."

Dr. Morgridge.—"I am satisfied it is a specific poison. The results are uniform. The prostration which accompanies nearly every case is unusually severe for a short attack with these symptoms. There is a weakened heart action. In answer to Dr. Magee: There are only a few fibres from the pneumogastric which inhibit the heart action. The sympathetic augment, but do not preside over it. There is another source of motor fibres. The heart muscle is peculiar (not like other muscle), and we have inherent in it the power to contract or relax. If we cut off the lower half of the ventricles and place on a table that portion will remain quiescent. Now, if we turn on to it a current of fresh blood there will be rythmical contractions and these will continue for quite a length of time. This ability to act is continued as long as there is a steady supply of nutritive material. When this is in any way interfered with, we have a weakened heart action. The toxic element on entering the circulation must inhibit the metabolic changes of food substances which furnish the heart nutritive. I have found heart tonics and nutritives most serviceable."

Dr. Stewart.—"Concerning la grippe I think there is a marked period of incubation. It is rapid, but does not need much time to develop. The epidemic of to-day seems very like the previous one. There is a rapid degenerative process in the blood. The nervous system and all the other systems of the body are affected. We do not have any fatal cases of true or pure la grippe, but such results are due to some pre-existing or accompanying lesion. On post mortem examination we find more extensive changes than would occur from the ordinary accompanying lesion. I have found albuminuria where previous kidney lesions did not exist.

"My treatment has been on the germicidal plan—benzoate of soda. I do not use antipyrine, but have used some small doses of phenacetine, and have used it mostly in connection with caffeine.

"The treatment should be supportive—plenty of water, milk and food easily digested, such as beef juice, eggs, etc.; then iron, quinine and strychnine come in admirably. Salycilate of soda should be given if there is a rheumatic tendency. It is recently stated that the poison renders the blood acid, and by keeping it under influence of alkalies the disease is checked. Aconite is perilous."

Dr. Ward.—"I can see no sufficient reason for using phenacetine, etc., in this disease. They stop the pain, but that is not sufficient reason. A small dose of morphia will relieve the pain much quicker. The soda salycilate is an excellent remedy. Quinine in tonic doses or the elixir hypophosphites and nutritious diet which is easily digested are indicated.

"I believe it is a microbic disease, and has all the characteristics of such diseases. The resistance of the patient may determine the severity and continuance of the disease. The bronchial symptoms seem most prominent and most common."

Dr. Bunn.—"First, I believe it is a specific

germ disease. It is epidemic and contagious. It enters by the respiratory and digestive tract, and in its growth manifests itself there. I would recommend for the respiratory symptoms, inhalations of terebene; for the digestive symptoms, calomel; and for the nervous symptoms, phenacetine, antipyrine and alcohol, especially if there is high temperature."

Dr. Donaldson.—"My experience has taught me the worst symptoms are the pain and high temperature, and there is nothing better, quicker and safer to relieve this than antipyrine. The best of antiseptics is salol. I use nux vomica for the nervous condition. With this treatment you need not be afraid of the results of the disease. With these remedies you have the acme of therapeusis in la grippe."

Dr. McVey, in closing, said: "In reference to the treatment, as set forth in the paper, I have found from investigation of the most common plan used here that phenacetine and salol in equal parts have given the greatest satisfaction. Quinine in the early stages has not acted well. Aconite and gelsemium have been used, though I think they are contra-indicated."

For the next meeting Dr. Powell promised to read a paper upon "Differential Diagnosis of Malignant Growths," and Dr. Morgridge to report an autopsy.

Society adjourned to meet on the first Tuesday in March.

W. E. MCVEY, *Secretary*.

N. E. K. M. and P. Association.

This society met at Wetmore, Kansas, February 9, 1892.

There were present Drs. Moore, Riggs, Brown, Troughton, Fitzgerald, Sheldon and McVey.

The president, Dr. Fitzgerald, made an address of welcome, giving a most cordial invitation to the visitors to make themselves at home.

The minutes were read and approved.

Drs. McVey and Sheldon, of Topeka, were admitted to membership.

The chairman of committee on fee bill being absent, the report was deferred to next meeting.

Dr. Troughton, of Seneca, read a paper on the germ theory of disease. The doctor compared the present scientific treatment of infective and contagious diseases upon the germ theory to the so-called "specific medication" of the pathies.

He reported some cases of diphtheria, and outlined his treatment on the basis of a germicide theory as follows: "Hot tartarized whey is one of the best sterilizers of this and other germs. I gave it in ounce doses to the pint of boiling milk from which the whey is made. This is to be drank at once by an adult. Then one ounce is added to one quart of boiling water, including thirty grains of rhei, and given in wine-glass doses every three hours. Or I give sulphur and glycerine internally, and use carbolic acid and peroxide of hydrogen to the throat and skin. Lime and sulphur, boiled in twenty times their weight of water, can be used with a spray. The germ patch will shrivel and exfoliate, germinal protoplasm stop, but whilst this is being done, blood and brain nutrition of the very best must be used to keep the elementary bioplasm of the blood from being degraded."

He also reported a case of tubercular disease of the tibia which was treated on the germicidal plan, and after a Sayer's operation and strict observance of his plan of treatment complete recovery took place.

Dr. Riggs.—"The plan the doctor speaks of is, properly speaking, what was taught me as specific medication. In cases of malaria there are frequently peculiar indications for a specific as there is now in some cases of la grippe an indication which may be met by salicine."

Dr. Fitzgerald.—"I think there is at least one specific, *i. e.*, sulphur for the itch. I doubt if carbolic acid is a germicide in mild strength."

Dr. Sheldon.—"We might, I think, oftentimes relieve infectious troubles by germicides where we now too often use the knife. I am now satisfied as to the correctness of the germ theory. We have only commenced

the study of the pathology which will lead up to a more clear and perfect understanding of disease. It is an accepted fact that it is not a germ *per se*, but the ptomaine which is the causative factor. This is the toxic principle which we have to contend with. I am not so firm a believer in the internal use of germicides, but I think we may establish a resistance which will in time overcome the toxic effect of the ptomaines. Every ptomaine has some toxic effect similar to those of certain drugs. That of the bacillus tetani simulates the effects of strychnia."

The doctor reported a case of tetanus, in which he demonstrated the presence of the bacilli and its ptomaine.

Dr. Brown.—"I agree with the paper. Was taught by my old professor the principles of the germ theory. I believe our vital resistance is what prevents us from being infected."

Dr. Troughton said, in reply to a query from Dr. Riggs, if he used rhei as a germicide. That he did not know that it was so, but his experience had taught him that many ordinary remedies are germicides; at any rate, it followed well after other germicides by flushing out the bowels and relieving the system of all effete matter. He used cream of tartar and rhubarb in these cases for twenty years with uniform success.

At the evening session Dr. Sheldon made a few remarks upon the subject of abdominal surgery. He said: "Abdominal surgery is to-day a recognized fact. Only a short time ago the abdominal cavity was considered sacred. Now we are often justified in opening this cavity as a means of diagnosis. There is less danger in doing this, if under aseptic precaution, than any other cavity. This operation includes cases of intestinal, pelvic and other trouble.

"When in doubt as to the character of an intestinal obstruction or pelvic disease you are justified in opening the cavity for diagnosis. In wounds of the intestines, which may be produced with little or no evidence of its existence and in all cases of gun-shot wounds of the abdominal cavity, it is your duty to open it as a means of diagnosis, for if there is no injury to intestines there may be to a blood vessel, which will cause hemorrhage. There is more chance of infection where there is a wounded intestine.

"In the preparation of the patient the bowel must be well cleaned of all fœcal matter, and for this purpose I use magnes. sulph. with potass. bitart., and sometimes add glycerine. Scrub the patient with a brush, then wash the patient with bichloride solution. If a female, irrigate the vagina with an antiseptic solution. Wash the hair well. Bed clothing and all linen used should be washed, boiled and ironed. Wash the region of operation with alcohol and then ether.

"The preparation of the surgeon and assistants must be careful and strict. They should be perfectly clean, and covered with clean gowns; arms bare. The arms, hands and nails must be thoroughly cleansed and made aseptic.

"It is possible for infection to occur from diseased nasal or oral cavities. The room should be clean and free from all unnecessary furniture or fixtures.

"Use no chemical antiseptic in the operation, but water which has been boiled and strained."

Society adjourned to meet at Netawaka, April 12, 1892, for which time the following program was arranged:

AFTERNOON SESSION.

Antiseptic Surgery.—Dr. S. E. Sheldon, of Topeka.

Pneumonia.—Dr. S. C. Paddock, of Netawaka.

EVENING SESSION.

Syphilis.—Dr. Troughton, Seneca.

Hysteria.—Dr. Fitzgerald, Wetmore.

W. E. McVEY, *Secretary pro tem.*

FOR eczema and itching of the auditory canal:

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Vaseline .....℥i

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TOPEKA, KANSAS, MARCH, 1892.

A Correction.

WINFIELD, KAS., October 23, 1891.

DR. J. E. MINNEY, *Topeka, Kansas.*

DEAR DOCTOR: My friend, Dr. Buck, of Peabody, called my attention to Dr. Ward's paper, published in the last JOURNAL, in which he says that Dr. McClintock did the first operation in this state of removing the uterine appendages in January, 1890, and Dr. Ward the second in February, 1890. Please allow me to state that I did the operation in September, 1888, and again in January, 1889. The latter case was reported in a paper by Dr. H. F. Hornaday, read before the South Kansas Medical Society, and subsequently published in the Kansas City *Index*.

I remember that you were present at the meeting when Dr. Hornaday read the paper.

Very truly yours,
DR. GEO. EMERSON.

THE above letter was found in the bottom of our editorial basket. It was accidentally misplaced. We are sorry for the delay. It is a matter of interest in the history of gynecology in Kansas to know who the pioneers were or are. Any information respecting the first ovariotomy, removal of the uterus, or uterus and appendages, or the appendages by a Kansas man will be gladly received and reported. We would be pleased to publish the number of such operations and the results, and will in tabular form if the Kansas brethren will report them to us.—ED.

DR. W. D. BIDWELL, of the JOURNAL force, formerly of Leavenworth, Kansas, and later of Washington, D. C., has been compelled to seek a southern clime for his health.

He had an attack of pleurisy, or pleuropneumonia, December 28, affecting the whole left lung. Owing to the changeable climate of Washington, D. C., he had to change to the winter resort at Aiken, South Carolina. It was the pet scheme of the doctor's life to practice his chosen profession in Washington. He had taken and furnished a house to his taste, and just began to see his way clear to a bright future in medicine when he was stricken with the fell destroyer. The doctor had not a strong, but a good physique, great courage and determination, and was temperate in every respect and of great endurance, and thus has the vantage ground. Our sympathies are with you doctor, and we are sanguine of your recovery.

Laparotomy for Intestinal Perforation in Typhoid Fever.

With the report of a successful case by Weller Van Hook, A.B., M.D., of Chicago, comes to the following conclusions:

1. There is no rational treatment for perforation in the course of typhoid fever, except laparotomy.

2. The indication for laparotomy when perforation occurs in typhoid fever is imperative.

3. The only contra-indication is a moribund condition of the patient.

4. Collapse is often at least temporarily relievable by hot peritoneal flushing.

5. The stage of the fever is not to be considered as an indication or as a contra-indication for laparotomy.

6. The severity of the typhoid fever is alone not a contra-indication.

7. Early laparotomy offers the most hope.

8. The symptoms of peritonitis should not be awaited before operating.

9. In taking charge of all typhoid fever patients, it is the physician's duty to be ready, in case of perforation, to perform laparotomy.

10. The published statistics of laparotomy for this condition are strongly in favor of operation.

11. The technique, though not complicated, demands much thoughtfulness, acquired dexterity, great rapidity and thoroughness.—*Medical News.*

How do you treat dyspepsia? In answer to the above question, Dr. L. Y. Grubbs said: "I recognize two forms—stomach and the liver dyspepsia of Fothergil or intestinal. I will not take a case unless they promise to live up to my instructions implicitly. A rigid diet is prescribed as follows: No. 2. Cooked gluten and the first meat, tender stewed mutton chops.

If of the stomach, give—

℞

Bismuth subnit.....grs. v
Fairchild's pepsin.....grs. i

M. Sig.: One every four hours regularly.

If liver, give—

℞

Powd. pancr. (Fairchild's)..grs. ij
Bismuth subnit.....grs. x
Strychnia.....grs. 1-120 to 1-60

M. Ft. chart. No. 1. Sig.: One three times a day one hour before meals.

As soon as the stomach and bowels are doing work, put them on coarse cereal bread preferably, zweibach which means twice cooked, granola made of whole wheat and oats, twice cooked, subject to high temperature. Tell them always to leave the table hungry. Bathe three times a week, scrubbing with a brush and rubbed down with a dry towel by another person. Retire at 9 P. M. regularly, and get up at 6 A. M. Take moderate exercise; never carry it to fatigue. When the food ferments in the stomach, as it will sometimes, a teaspoonful of whisky diluted with water and taken after meals will correct the acidity. This, in the main, is my plan of treating dyspepsia."

THE Kansas State Medical Society will meet in Fort Scott, May 3, 1892.

The last meeting held in Wichita was a success in every respect, and there is no reason why the coming meeting should not be successful. Fort Scott is easy of access by rail, the hotel facilities are excellent, and it is one of the best towns in the state. Her physicians are among the best in the state, and together with the southeastern Kansas physicians will make the brethren feel at home.

The JOURNAL will publish the program of the various sections, so far as completed, if sent in by the 15th of March or April. Sectionizing the work, as suggested by ex-president Green, patterning after the American Medical Association, saves time.

The regular business of the meeting can be transacted by holding a general session the first evening and one after each adjournd meeting—morning, afternoon and evening.

The members are desirous of getting to section work and expedite the business, and the result is that three times as much business is transacted in the same length of time as under the old plan of a general session. The greatest gain and the most pleasant feature of all is, each member can choose the section he prefers, and hear papers, reports and discussions on topics of most interest to him and likely to be most profitable.

A DEATH from hemorrhage, following the enucleation of an eye, is reported in the January *Archives*, by Dr. J. H. Thompson, of Kansas City, Mo.

Serious hemorrhage following enucleation is rare, and so far as we recall this is the first death reported. The bleeding was not

from the central artery, but from the capillaries. The patient had been shot in the eye and suffered with panophthalmitis for six weeks. He was also a hard drinker, and had been for several years. The doctor had advised enucleation at the time of the accident, but the patient had refused to submit to an operation, and had kept himself full of morphine and whisky during the interval.

The vitality of the tissues had been destroyed and when the smallest vessels were severed they remained patulous. Extraction of a tooth under such circumstances might have been followed by the same result.

We feel under obligation for the report of the case, and could not suggest an improvement on the treatment.

THE secretary of the New Jersey state board of medical examiners is authority for the statement that fully ten per cent. of the 2,500 physicians in that state have bogus diplomas.

A New One.

The Hot Springs *Medical Journal* is the latest venture. It is a neat journal of twenty-three pages of reading matter and thirteen pages of advertisements. The surprise to us is that such a journal had not been astablished years ago.

Hot Springs has never been properly advertised in the regular profession.

The journal shows the ear-marks of good common sense in its first number.

The introductory editorial says: "It has been the misfortune of Hot Springs that too many patients are daily sent here whose diseases are not amenable to treatment by these waters, and whose cases are in many instances aggravated thereby."

It will be the object of the journal to inform the profession of the class of cases benefitted by the waters, and thus enable them to advise their patients intelligently. It is claimed, with the exception of Carlsbad and Bohemia, Hot Springs, Arkansas, is the greatest sanitarium on earth. More than 50,000 visitors were received at the springs during the last twelve months.

A number of honorable intelligent physicians are located there, and to them the profession must look for information respecting the diseases benefitted by these waters. In no other way can they reach the profession so well as through the medium of a medical journal. It gives a prestige to our great American sanitarium in the eyes of medical men and through them, of the world. It places the Hot Springs physicians in the position of medical advisers to medical men, and when they fully realize their position—coming before the profession in this public way—they are sure to give their best efforts to acquainting themselves specifically with all of the advantages and disadvantages of treatment by these waters and the surroundings favorable or unfavorable to invalids.

No doubt many of our citizens would be benefitted as much by these waters as by those of Carlsbad or Bohemia, and the long tedious journey, ocean voyage and expense be greatly reduced.

Many could visit Hot Springs who could not afford to go abroad, and if their medical adviser was fully posted as to the virtues of the waters he could satisfy the mind of his patient as to where he should go, and gain the psycological influence necessary in the treatment of these invalids, assuring them that our own America contained the same elements for the restoration of his body to health as the far-off inaccessible (to him) springs of another continent.

LANDMARKS of gynecology as given in the North American *Practitioner:*

First, anatomy; second, menstruation; third, labor; fourth, gonorrhœa; fifth, abortion; sixth, tumors. Good gynecologists use their FINGERS NOW. One thing makes a gynecologist, and that is training.

THE *Journal Cutaneous and Genito-urinary Diseases* says: "As a rule, all chancres of the female genitals are unaccompanied with pain."

Bronchitis in Children.

℞

Hydrarg. chl. mite.....grs. vi
Ft. chart. No. vi.
Sig.: One every three or hours, followed by—

℞

Ammonia carb.....℥iss
Tr. aconite.....gtts. xx
Syr. prun. virgin.....
Syr. ipecac.....a a ℥i

M. Sig.: Fifteen drops to a child two years old every three hours.

—MAGUIRE.

℞

Ext. hyoscyami, fl.....
Syr. prun. virgin.....
Spt. etheris nitrosi.....
Syr. tolu.....
Aquæ. dest.....a a ℥v

M. Sig.: Teaspoonful in water every four hours. —MCVEY.

DR. ADAMSON, of Holton, Kansas, says castor oil is a good galactagogue. He has used it in several cases with success. He uses it in doses short of catharsis—just what the stomach will digest. The patient will usually tolerate a teaspoonful after each meal, and sometimes one at bed hour. The mammary gland should be annointed with the warm oil every four hours, rubbing it in well.

A Pointer.

Dr. L. Y. Grubbs, of Topeka, was called by the court to make an examination of a case in a criminal suit and testify in the case. The doctor asked the court to excuse him because of urgent professional engagements. The court refused the request. The doctor then demanded an expert fee, saying that his time and professional knowledge was his capital. The court refused to comply with the demand. The doctor then said: "I have never examined or seen the case and know nothing about it, and I now demand an expert fee in advance for rendering this service—for obtaining information for the court which requires my time and professional knowledge." The court then ruled that the doctor could not be compelled to render such service without being paid in advance on his demand. There was no money put up, and the doctor was excused.

The Keeley Cure for Intemperance.

Dr. Keeley, of Dwight, Illinois, claims that his "double chloride of gold" is a preparation of his own, different from any other in the market, and that is why he can administer it without harm and obtain the extraordinary results that he claims in curing all craving for narcotics and stimulants.

Chemical analysis shows that it is composed of chloride of ammonium, aloin, compound tincture cinchona and water, with about seventy-five per cent. of alcohol, but not a trace of chloride of gold.

All success to whoever or whatever will build up the waste places in the moral forces of the poor rum-besotted inebriate who has treated resolution and dodged behind the anæsthesia of alcoholism until trifles light as air are burdens too heavy to carry.

But does anyone, capable of putting one therapeutic idea before an other, or of drawing a rational conclusion from the action of drugs, suppose that a mild nervous stimulant, a laxative to the lower bowel, the homeopathic dynamization of a tonic and antipyrodic, and the hair of the dog—alcohol—will cure the cravings of the poor inebriate whose loss or primal lack of self-control has left him to drift the helpless victim of any agent that will give temporary relief to his real or imaginary cares, anxieties or pains, and the physical degenerations and diseases incident to the drugs he has used? Help him to stand and be a man; aid him to develop his God-given powers of resistance. Let the burden of his soul be, "Lead us not into temptation, but deliver us from evil." And add to mental and moral medicine such rational treatment as will relieve the physical degenerations

and diseases precedent to or consequent upon the use of alcohol, ether, chloral, opium or other anæsthetic or narcotic, and give him a strong physical life.

While no philanthropist will object to any beneficial impression the Dwight man or his imitators may make through their "bichloride of gold" treatment, an honorable profession can never laud the proprietor of a secret remedy for which he claims irrational, impossible results. And when he and his creatures cry, the physician, the philanthropist, the christian, is jealous of his success, shystering has reached its lowest level.

—SCHENCK.

A new clinical form of diabetes is described by Hirschfeld (*Zeitsch. f. klin. Med.*), which is characterized: (1) By violent attacks of colic which occur in the early stages of the disease, but cease subsequently; (2) by a urine, but slightly increased in quantity, and consequently often depositing sediment; (3) by a white color of the fecal matters without fatty masses being discoverable in them. In this form the absorption of fatty and albuminoid substances is much diminished instead of remaining about the same, as in ordinary diabetes. The clinical march, in consequence of troubles of nutrition, is ordinarily rapid and grave. One of the principal therapeutic indications is a diet containing albuminous materials, in particular fatty matter and alcohol.—*Medical Record.*

Atropine in Lead Colic.

Dr. F. R. Humphreys (*La Semaine medicale*, No. 58, 1891) has used subcutaneous injections of atropine with excellent results in lead colic. Indeed, the rapidity with which it acts is simply astonishing. In six cases he caused the pain, constipation and other morbid symptoms to disappear by subcutaneous injection, once a day, of the ordinary dose of atropine. The remedy may also be administered by the mouth in doses of 1-130 grain, repeated three or four times a day. Already the first dose is followed by some relief; the next day the patients have a movement of the bowels, and feel quite well. He also gives at the same time the iodide of potash to favor the elimination of the metal.

DR. C. G. COMEGYS has gone to Washington to look after the bill to establish a department of public health. We trust he will be highly successful in showing the necessity for the position referred to above.

Our Losses.

All who love and revere their profession, and those who have made it a benefaction, have been called during this winter to mourn the loss, on either side of the Atlantic, of many of its most brilliant members.

We name a few of those lost to the American profession, beginning with the venerable DR. HENRY I. BOWDITCH, of Boston, Mass. Dr. B. has well been called "the father of preventive and state medicine" in America. He was an ex-president of the American Medical Association, and did much to make the American profession loved at home and revered abroad.

In an editorial of its issue of January 28, the Boston *Christian Register* well says:

"The term 'the Good Physician' might be gratefully applied to the late Dr. Henry I. Bodwitch, and there are none who would more willingly bestow it than the women physicians of Boston. Standing high in his own profession, Dr. Bowditch held open the door to women, and cordially welcomed them to the duties and responsibilities of the profession. The doctor's championship of the cause of women did not stop here; he was an earnest advocate of suffrage for women, not only for the sake of women, but for the sake of society. Dr. Bowditch was also identified for many years with christian and philanthropic work, and was one of the directors of Warren Street Chapel."

DR. HENRY FRAZER CAMPBELL, of Augusta, Georgia, passed to the other shore December 15, 1891, in the sixty-eighth year

of his age. Dr. C. entered the profession in 1842, and in 1857 was elected vice-president of the American Medical Association and subsequently president. He early obtained distinction as a surgeon and gynecologist, and was always an amiable, honorable and genial gentleman.

DR. W. T. PECK, of Davenport, Iowa, founder of the medical department of the Iowa University, departed this life December 11, 1891. Dr. P. was a good surgeon, a good teacher and a faithful member of the American Medical Association.

DR. JOHN A. THATCHER, of Cincinnati, Ohio, was born January 1, 1833, and died December 19, 1891. He was a fine scholar, distinguished scientist, a good physician, a forcible writer and an excellent teacher. He was proprietor and editor of the Cincinnati *Medical News*, and his death is a great loss to American journalism.

DR. ROBERT A. KINLOCK, of Charleston, South Carolina, died December 23, 1891, in the fifty-sixth year of his age. He occupied the chair of surgery, and was dean of the faculty in the medical college of South Carolina. In his death the profession loses a good student, a fine scholar and genial gentleman.

DR. GIDION S. PALMER died at his home in Washington, D. C., December 8, 1891, in the sixty-ninth year of his age. During the war he served on the staff of Gen. O. O. Howard, and at its close, by request of Gen. H., was made professor of physiology and hygiene in Howard University. For many years he has been dean of its faculty and surgeon in charge of the Freedmens hospital.

For Colds in Nursing Children.

When an infant has the sniffles it is often difficult for it to nurse. It cannot breathe through the nose and nurse at the same time. It will take two or three draws at the nipple and then let loose to breathe. It becomes cross and restless, and sometimes nutrition is interfered with. Often the secretion in the nose is acrid, and scalds the lips as it runs from the nose. This condition is annoying to the mother and injurious to the child. The doctor is often called on to relieve the condition, but more often it is some nurse or grandma, the patrons believing that the doctor does not care to be troubled attending such small ailments, and that the nurse is superior to him in such baby troubles. It may be true, but it should not be. Just such conditions as described may be the cause of serious sickness. It will interfere sooner or later with the development of the child. It will at times bring on throat trouble through continuity of tissue, and mouth breathing. Ventilation of the middle ear is interfered with, and suppuration follows.

This is a frequent cause of suppuration of the middle ear, discharge of pus from the ear in infants. It encourages adenoid vegetations on the walls of the pharynx and enlarged tonsils. When such results may follow acute or chronic coryza, the importance of treatment cannot be overlooked. The following plan has given good results:

1. Have an atomizer, an Aloe or DevilBiss. The former costs $1, the latter from $1.75 to $2.25.

2. Spray the nose of the infant five minutes before nursing, with —

℞

Menthol .....
Camphor.....a a ℥iv
Albolene.....q. s. ℥iv

M. Sig.: Five drops in a half teaspoonful of pure albolene.

It may require a second spraying.

If there is too much swelling of the mucous membrane, practically a stenosis, one or two drops of a two-per-cent. solution of cocaine should be added.

By this plan of treatment the infant is enabled to breathe through its nose, nurse, and soon goes to sleep.

IF you want to invite disease, by encouraging filth, carpet your house, especially your dining room and kitchen. The bed room will add to the labor of cleaning the house, and will retain the human filth.

THE policy of the dairyman's association, which so strenuously opposed the publication of Dr. Sihler's paper, seems to us a very doubtful one.

The stand the doctor takes in regard to the constant association of high-bred cattle and tuberculosis in the human family is hardly borne out by the evidence he produces. There is, we think, some other explanation in many of the cases cited, as for instance in reference to Australia. He claims tuberculosis among the people there to have been coincident with, therefore dependent upon the development of the cattle industry. Now it seems to us more than likely that with the immigration of people at that period it might have come through inherited tendencies and the disease in its incipiency already acquired in other countries. Tuberculosis is, we think, sometimes, perhaps frequently, transmitted through the milk of diseased cows, but we cannot agree with the doctor that it so originates in a community or that there may not be other sources of infection just as important.

But however untenable the ground he takes may be, there is no movement on foot of more importance to the health and happiness of mankind than the one he proposes, *i. e.*, appointing a milk inspector whose duty shall be to examine the milk for disease germs and other impurities, and the cows for evidences of infection. A large per cent. of the infant as well as the adult population is dependent upon milk for nutrient, and a guaranty to them of its purity would, instead of injuring the dairy business, largely increase the confidence in and profits of the dairyman.

SENN says of all substances so far employed in intra-articular injections in subcutaneous tubercular lesions of bones and joints, iodoform has yielded the best results. A ten per cent. emulsion in glycerine or pure olive oil is the best form in which this remedy should be administered subcutaneously. An injection should be made every one or two weeks.—*Annals of Surgery.*

THE state society has appointed the following members, residents of Ft. Scott, as its committee on arrangements:

President, Dr. R. Aikman.
Vice-president, Dr. B. F. Hepler.
Treasurer, Dr. S. C. Hall.
Secretary, Dr. F. F. Dickman.

WHEN but one ear needs treatment with the Politzer air bag or Valsalva's method, have the patient close the canal of the other ear by making firm pressure backwards and inwards on the tragus. In so doing, the drum head of the well ear has a firm column of air to hold it in place.

Treatment of Gall Stones.

A great deal has been written on this subject of late, and olive oil and surgical interference are in the lead. A learned discussion was held in a noted society recently and surgical measures were advocated in general. Bare mention was made of chloroform, and then only to dissolve the gall stone in the sac after it had been opened.

In Topeka we know of two or three physicians who have treated several cases of gall stones successfully by injecting chloroform directly into the sac. It is known that chloroform dissolves the stones in or out of the sac, and does not set up peritonitis when it comes in contact with the peritoneum. Knowing the good results following this plan of treatment, the safety to the patient and the simplicity of treatment, it seems strange that the profession is so slow to take it up.

THE *Doctor's Weekly* reports a patient "who apparently lost his appetite for strong drink through a course of treatment at the Keeley institute, lost his mind soon after and is now confined in an asylum for the insane. There is too much free use of the mysterious lymphs and inoculation which recent times have produced."

THE KANSAS MEDICAL JOURNAL has been appointed one of the official organs of the Pan-American Medical Congress, which meets in Washington, D. C., September 5, 6, 7 and 8, 1893. Dr. Charles A. L. Reed, of Cincinnati, is secretary general.

MANURE, in all European and in many of our older cities, has a fixed value. It is carefully collected, baled and stored until needed for a fertilizer or for fuel; then it becomes the old story of supply and demand. The baling of manure is the ideal manner of its disposal. The packages are clean, give off no odors. It is easily stored without a sacrifice of valuable space, is economically handled, and its transportation by wagon or rail is obnoxious in no particular to the most fastidious.

—*Trans. Am. Health Ass'n.*

JAMES G. FAIR, eldest son of ex-United States Senator Fair, died suddenly of heart failure in San Francisco last Friday morning. His physicians claim that his death was occasioned by the Keeley treatment, into which strychnine enters largely.—*Secular Press.*

THE Kansas City Medical College has decided to have a practitioners' course immediately following the regular session. They have ample clinical facilities and there is no reason why such a course should not be a success and be a source of profit to themselves as well as their patrons. There are many physicians through the country who have neither the time nor money to avail themselves of the advantages of such a course in the east who will be glad of this opportunity. For particulars see notice in our advertising columns (page 3.)

IN some states a physician is forbidden by law to attend his own family in sickness.—*Times and Register.*

THE following prescription we have used for a number of years and believe it is much superior to bromidia:

℞

Chloral hydrat.....
Potass. bromid .....a a ℥ii
Ext. hyosciami, fl.....℥i
Morphiæ sulph.....grs. ii-iv
Syr. limonis.....
Aquæ dest.....a a ℥ii

M. Sig.: Half to a teaspoonful every two hours until ease.

Patients who are nauseated by morphine alone will tolerate it often when combined as above.

AN artificial eye should be fitted as early as ten days to three weeks from the time of the enucleation if recovery has been favorable. It not only hides the deformity, but prevents shrinkage of the tissues.

THE next meeting of the Missouri Valley Medical Society will be held in Leavenworth, Kansas, March 17 and 18, 1892. Dr. W. J. Van Eman is chairman of the committee of arrangements.

THE Kansas Medical College commencement will be held in Grace Cathedral on Eighth street, March 23. There will be addresses and plenty of music.

THE East Kansas Medical Society will meet in joint session with the Golden Belt Medical Society, April 7, in Topeka.

THE Topeka board of health report for January thirty-two cases of scarlet fever and three deaths. No cases of diphtheria.

DRS. F. M. Daily, of Beloit, W. F. Sawhill, of Concordia, and W. C. Bowers, of Lebanon, Kansas, are in New York taking a post-graduate course.

LITTLE THINGS.

SIR MORRELL MACKENZIE is dead.

TREATMENT for la grippe—rest.

TREPHINING for meningitis is now suggested.

GAVAGE is forced feeding—feeding with the stomach tube.

DR. GEORGE EMERSON, of Winfield, visited Topeka last month.

RAILROAD rates will be secured for the State Medical Society meeting.

DR. F. M. DAILEY, of Beloit, Kansas, is taking a course at the post-graduate school, N. Y.

THE mattress on which you sleep should be renovated each year, also blankets and quilts.

Do not fail to attend the State Medical Society meeting to be held in Ft. Scott, May 3, 1892.

A MAN out west is trying to cross the honey bee with the lightning bug, so they can work after night.

A DEATH from chloroform is reported in the Cincinnati *Clinic*, by Dr. Wm. N. Wishard, of Indiana.

FROM his experience, Dr. M. G. Thompson, of Hot Springs, is inclined to regard the bone chips as a surgical fad.

ACCORDING to J. Lewis Smith, M.D., recent investigations strengthen the theory that the Klebs-Laeffler bacillus causes diphtheria.

To stop the itching of eczema, herpes, etc., use five grains of hyrate of chloral to the ounce of water. Wet the parts when itching.

ACCORDING to an exchange, but few doctors wear long whiskers any more. Like long hair they are hard to keep clean, and they harbor filth.

DR. W. C. BOWER, of Lebanon, Kansas, is in training at the Polyclinic, N. Y. If there is anything good a Kansan soon finds it out and gets in the swim.

Suppurative Pyelo-Nephritis with Cystitis.

Read before the Northeastern Kansas Medical and Protective Association, February 9, 1892,

By P. R. MOORE, M.D., Effingham, Kas.

J. S. S., male, aged twenty-six years, weight about one hundred and forty pounds; scrofulous diathesis, sanguine temperament. First complained of cystitis while working at his trade (plasterer) in the summer of 1889, since which time he had repeated attacks at intervals of from one to three months until within the last seven months, when the disease became chronic, or rather continuous, with no decided exacerbations. Last June he had what his physician diagnosed ague, which lasted for about two weeks, after which the cystitis assumed a progressive form.

I could elicit no history of syphilis, hereditary or acquired. He never had gonorrhœa, calculi, or received any injury of any kind; nor had he been the victim of stricture or enlarged prostate. He had never complained of pain in the back over the kidneys, but had been troubled with a weakness, with dull pain over the lumbo-sacral articulation extending laterally into the hips. Several of his relatives on his father's side died from pulmonary consumption.

I first saw the patient October 9, 1891. I found him with a temperature of 99, pulse 76, full but compressible; tongue normal, skin moist, complexion rather sallow; slight emaciation, with considerable prostration; pain in the bladder which extended throughout the entire length of the urethra; the bladder could be felt above the pubic bone; the tenderness of the urethra was so extreme that I succeeded but once in introducing a catheter, and then only by the aid of cocaine; there was a constant dribbling of urine. He could not pass his urine while standing, sitting or squatting, but had no difficulty in voiding it while lying on either side, other than the burning. He passed about a pint in the twenty-four hours. I made but one analysis of the urine. Its specific gravity

was 1020 in color—darker than normal. The liquor potassa test showed but slight trace of pus. Heat and nitric acid gave negative results regarding the presence of albumen. No blood or sugar. His bowels were regular, appetite fair, digestion good, rested and slept well at night, no thirst, no cough.

I will not consume your time by giving the treatment of this case, but will only say I put him on an exclusive milk diet. Salol given in five-grain doses every four hours produced a violent dysentery, with tenesmus and bloody mucous exacuations, but without any fever within twenty-four hours from the time of commencement. I tried the salol in this case three times with the same results following each trial. After one washing out of the bladder with the use of a local anæsthetic, I could never get him to submit to a second trial.

The patient's condition remained almost unchanged until November 27, when he was suddenly attacked with an intense burning sensation in the thoracic vicera. He said he felt as if everything inside of his ribs were burning up with dry heat. His agony was intense, and every breath fanned the flame that was burning his lungs. Deglutition was extremely painful. The act of swallowing a sup of cold water was accompanied by excruciating pain. Temperature normal, pulse 78, tongue moist and clean, throat normal; free perspiration; bladder and kidney trouble remained about the same as in October. Hypodermic injections of morphia and atropia controlled the burning to some extent, but deglutition remained so painful that all the attempts to take nourishment were abandoned, and December 2d he died greatly emaciated, but retaining a remarkable degree of strength, repeatedly walking back and forth across his room up to within five minutes of his death. His mind remained perfectly clear throughout.

Assisted by Dr. Riggs, of Muscotah, I made a post mortem examination fourteen hours after death. Mortis rigor slight. Did not examine the brain. Lungs normal. Heart was small, weighing seven and one-half ounces, but healthy in all respects. The liver was normal excepting the lower border of the right lobe, which was black; this discoloration formed a strip of about two inches in depth, and extending along the entire length of the lower border. Stomach and intestines normal. The right kidney measured five inches in length, two and three-quarters in breadth, and two inches in thickness. Upon section it was found to consist of nothing more than a sac filled with thin stinking pus; not a particle of the cortical or medullary substance could be found. The left kidney, smaller than the right, was in the same condition, with the exception that at the superior extremity there was yet remaining a portion of the cortical and medullary substance. The covering or coats of both kidneys were greatly thickened, tense and apparently of a semi-cartilaginous consistency, and measured one-fourth inch in thickness. There were no openings or sinuses leading from either kidney into the surrounding structures. The right kidney with its contents weighed eight ounces. The pus which it contained measured four fluid ounces. The emptied kidney weighed four and one-half ounces. The left kidney contained three fluid ounces of pus, and when empty, weighed four and three-fourth ounces. The walls of the ureters were thickened throughout their entire length.

The bladder contained about one-half pint of urine. Its walls were from one-fourth to one-half inch thick. Its internal surface was of a dirty white color, the rugæ varying in size from the eighth to half an inch. The prostate gland was somewhat but not excessively enlarged. The urethra was inflamed throughout its lining. Membrane was thickened so as to reduce the caliber. Pancreas normal. Spleen slightly enlarged, otherwise normal. There was no signs of an abscess in any of the organs.

The points of interest in this case are: The enormous size of the kidneys and the amount of substance destroyed. The amount of pus in each kidney and no outlet for its possible escape. The normal condition of all other organs than those composing the urinary tract. The absence of decided symptoms of septic poisoning, and the ab-

sence of typhoid and brain symptoms. The amount of strength retained throughout his entire sickness.

The Moist Pad in the Treatment of Malaria.

By C. F. SMOLT, M.D., Nickerson, Kansas.

Members of the Kansas Medical Society.—

In the treatment of malaria, affecting patients from infancy to eight to ten years, we often encounter much difficulty in administering remedies. The irritable stomach, disagreeable taste, uncertainty of effect from lack of absorption during high fever, loss of rest, and aversion, engendered by frequent dosage, all urge us to adopt, if practicable, some more agreeable and prompt method of administering our remedies.

Frictions, enemas and hypodermics are not satisfactory for prolonged cases. Hence we desire to present an earnest plea for a careful trial and more general adoption of the moist fever pad.

A child of four years requires ℥i–iss of cinchonidia with a little pad; peruvian bark to prevent lumping. Spread evenly between two thickness of cheese-cloth, 6x8 inches; then moisten with whisky and water a a. Place over the abdomen, cover with oil silk and keep in place by binder. Remove oil silk every two hours, and moisten pad with the liquor and cover as before. The powder should be removed every twenty-four hours. Here we have constant endermic absorption, and in infants in ordinary cases no other treatment is required, aside from proper attention to bowels and digestion.

In eight years I have seen no ill effect from the use of these pads.

The stomach applies all its energies to the digestion of food. The fever is not reduced as quickly as by some antipyretics,, but the reduction is more permanent and ensuing periods of pyrexia less marked. Excessively high temperature often requires a few doses of other antipyretics to assist the pad in reducing it.

In adults and aged persons the effect is more uncertain, but when other remedies fail or are uncertain in action, the pad often serves to tide us over dangerous ground. Malaria, complicating the puerperal period, is very amenable to the pad when made of proper strength—℥ii–iii. Malaria, complicating the puerperal period, is usually very amenable to treatment by pad. And in general, when the stomach fails from any cause during a malarial attack, you have a valuable remedy in a properly-adjusted pad.

New Method of Treating Transverse Presentation.

Report of a case by E. E. Barnum in the Buffalo *Medical and Surgical Journal:*

The patient was Margaret Wood, colored, twenty-seven years of age, the mother of three children. Her former pregnancies and labors were normal. This, her fourth pregnancy, was without incident until the middle of her eighth month, when "she fell out of her house-door, face foremost, and felt she had done herself great injury." Her labor began at term two weeks later. Pains began about 3 P. M. Wednesday, March 16. The colored midwife was summoned and she came at once. Pains continued all night. Early the next morning the "waters broke and a hand was thrust forward with the pain that broke the waters."

After waiting several hours—the patient meantime having had several convulsions—Dr. Eubank was called. He saw the patient about 3 P. M.—twenty-four hours after the beginning of labor. Upon examination he found the right shoulder presenting with the hand protruding at the vulva. After vainly trying to perform version, he asked for assistance, when I was sent for. I arrived at the bedside of the patient about 7 P. M., and found the arm prolapsed as far as the elbow, the waters drained away, the uterus in a state of toxic contraction, caused (to some extent at least) by the ergot which the midwife had given, and the patient discouraged and nearly exhausted.

We renewed the attempt to perform version and again failed on account of the firm-

ness with which the shoulder and side of the head were jammed down upon, or just within, the pelvic brim. All attempts to replace the prolapsed arm also failed on account of the tetanic contraction of the uterus upon its contents.

(In this connection I can state that the force with which the shoulder was crowded into the superior strait is shown by the fact that several months elapsed before the child could move that arm as freely as its fellow was moved.)

Version having failed, our authorities gave us our choice of two methods of treatment—cesarean section and embryotomy—neither of which was practicable in this case. It was believed that the former operation would almost necessarily cause the death of the mother. Instruments for the latter operation were not at hand and could not be procured in time to be of service. In this emergency I determined to try a method which, so far as I know, never has been recommended in the treatment of transverse presensations.

Our failure to perform version was due, as has been stated, to the firmness with which the presenting part was held upon or just within the pelvic brim. How to overcome the difficulty was the problem to be solved. Remembering that my friend, Dr. W. W. Potter, of Buffalo, had met with very gratifying results, in certain cases of gynecological practice, by calling the force of gravity to his aid, and remembering Dr. Playfair's treatment of prolapse of the cord, by calling the same force to his assistance, I decided to make use of this force.

The woman was placed in the knee-chest position upon the bed, when we again attempted to push back the fœtus, hoping either to replace the arm and get a vertex presentation, or else to be able to perform podalic version, but so firmly was the fœtus held in position that we again failed. I next brought the patient on her knees, to the edge of the bed, with a strong assistance at each side. Her head was slowly lowered until her position was nearly inverted—her head almost touching the floor. Then compelling her to breathe rapidly, to prevent her "bearing down" involuntarily during her pains, we soon began to feel the gradual withdrawal of the fœtus from the superior strait. Within a very few minutes—probably not more than five—we were able to replace the arm. With the next pain the head presented by spontaneous version. The patient was then directed to "bear down hard," and was placed in bed, the descent of the arm being prevented by means of a finger in the vagina.

Labor proceeded rapidly, and within fifteen or twenty minutes the child was born alive.

State Medical Society.

The officers of sections are as follows:

Medicine.—Dr. H. D. Hill, Augusta, president; Dr. S. T. Shelby, Mulvane, secretary.

Gynecology.—Dr. L. J. Lyman, Manhattan, president; Dr. Jeffrey Martin, Marion, secretary.

Surgery.—Dr. W. E. Shastid, Pittsfield, Illinois, president; Dr. Chas. Gardner, Emporia, secretary.

Ophthalmology.—Dr. G. A. Wall, Topeka, president; Dr. W. E. McVey, Topeka, secretary.

Members of the society are invited to correspond with officers of such sections as they desire to read papers in.

Trouble for the Keeleyites.

Now that the New York legislature has got after the bichloride of gold cure, there seems to be trouble ahead for Keeley's institutions from another source.

An evening paper says it is reported that the friends of Walter B. Earle, a former patient of the institute, who died insane after undergoing treatment and being discharged as "cured" of his intemperate habits, are going to make things lively for the Keeley people. They claim that Earle's death was caused by the bichloride of gold treatment, and will bring an action for $100,000 damages against Keeley and his associates.—*Secular Press.*

IN the February number of the Maryland *Medical Journal* the following appears in an an editorial on "Stray thoughts on protracted medical education":

Furthermore, it is at present a matter of common observation that the more scientific and the more literary a physician is at the beginning of his career, the less likely he is to devote himself to that humble study of the principles of business life and of the cranky side of his neighbors' characters, which is necessary to the building up of a well-paying practice (at least, outside of the specialties.) While he sits in his office keeping up with the latest scientific advances, and examining his patient's blood or fæces under an immersion lens, the doctor around the corner, who is considered by the initiated among his fellows to be an ignoramus, is attending all the sick people within reach and is waxing wealthy. There seems to be an "unevenness" somewhere.

The maturity of the student's mind should be taken into account in the preliminary examinations of a medical school. Men who have seen much of the world (self-made men) are likely to learn more of medicine in two than inexperienced youths will learn in five years. Men should be allowed, in schools of respectable curriculum, to graduate just as soon as they can show themselves possessed of the necessary knowledge and experience for beginning practice.

More moral integrity in the licensing bodies—that is what we need most of all.

Lawson Tait on the "Corpus Luteum of Pregnancy."

Writing to the *Lancet* of January 2, 1892, on this subject, Dr. Tait asserts with characteristic energy:

I am perfectly confident that I have made sections of more ovaries concerning the actual history of which the facts were known than any man alive. I have only to say that my conclusion long ago made, and confirmed by every investigation which I have made, is that the belief that the corpus luteum is altered in any way by pregnancy, or that there is such a thing as a true corpus luteum or a false corpus luteum in relation to the fact of pregnancy, is one of the most extraordinary crazes which has crept into medical belief, and it has been productive of a very large amount of mischief. It is one of those assertions which has been made in the early investigation of ovular physiology and pathology, based on the assumption that ovulation is a monthly occurrence, and it has been handed down from writer to writer without any kind of substantiating proof, whilst the negative evidence against it is perfectly overwhelming.

THE committee on organization of the Pan-American Medical Congress has elected Dr. M. B. Ward, of Topeka, Spanish-speaking secretary for the section on obstetrics. The chairman of the section is Dr. James W. McLeane, 51 West 38th street, New York. The secretaries, so far appointed, are:

Argentine Republic, Dr. J. B. Fernandez, San Martin 678, Buenos Aires.

Brazil, Dr. Dn Erico Coelho, Rio de Janeiro.

Columbia, Dr. Dn Joaquin Maldonado, Calle 13, Numero 64, Bogota.

Nicaragua, Dr. Dn Juan I. Urtecho, Calls Real Cinded, Granada.

Spanish West Indies, Dr. Dn Rafael Weiss, Industria 115, Habana.

Uruguay, Dr. Dn Isabelino Bosch, 18 de julio 299, Montevidio.

Medical Society of the Missouri Valley.

The next meeting of the Medical Society of the Missouri Valley will be held in the city of Leavenworth, Kansas, March 17 and 18, 1892.

Physicians contributing papers or reporting cases for that meeting are urged to promptly send their title to the secretary before March 1st, so they can appear on the printed program mailed at that date. A most enjoyable and profitable meeting is promised.

Physicians making application for membership will address Dr. R. M. Stone, Omaha, Nebraska, chairman committe on credentials, enclosing a fee of $2.00.

Anything with reference to hotel or other accomodations at Leavenworth, address Dr. W. J. Van Eman, chairman committee of arrangements.

F. S. THOMAS, *Secretary.*

Prophylaxis and Treatment of Influenza.

(Reprinted from The Satellite, February, 1892.)

Cyrus Edson, of the Health Department of the city of New York, publishes a monograph on *la grippe* and its treatment. Three indications are to be fulfilled: (1) means must be taken to assist the system to rid itself of the poison to which the attack is due; (2) pain must be relieved; and (3) not the least important, depression must be counteracted. The first indication is obtained by means of castor oil or two compound rhubarb pills. Three or four 3-grain powders of phenacetin are usually sufficient to relieve headache and muscular pains. Salol, 2½ grains to each dose, may be added to the phenacetin with advantage. He deprecates antipyrin and its congeners, which serve to augment the depression, and recommends instead Hoffman's anodyne, which is diaphoretic, diuretic and stimulant.

To overcome depression during and after the disease, he recommends the free use of tonics. He repeats Professor Laffont's (of Lille) recommendation of cocoa preparations, those of Mariani being given the preference. During the disease a hot grog, one-third Mariani wine cocoa and two-thirds sweetened water is administered, taken very hot several times a day, the slight diaphoresis induced being a valuable addition to the tonic action.

The editor, in the coming issue of the ANNUAL, recommends the exhibition of cocoa in the early stages of the disease with a view to counteract the impending asthenia and curtail the disease. Six grains of blue mass are first ordered, and as soon as a couple of movements have been obtained, two tablespoonfuls of Mariani cocoa wine are given every two hours; lozenges, each containing 2 grains of cocoa leaves and 1-12 grain of cocaine, contribute greatly to ward off the pharyngo-laryngeal complications. A six-per-cent. solution of cocaine, applied occasionally to the nasal mucous membrane, directing the cotton-covered probe toward the roof of the nose and anteriorly, reduces markedly the pain caused by involvement of the frontal sinus. He fully agrees with the author as regards the contra-indication of antipyrin.

Edson considers champagne, generous wines, tonic doses of quinine, iron and strychnia also of value. The catarrhal irritation of the air passages are best allayed by inhalations of compound tincture of benzoin. Chloroform liniment is recommended as a rubefacient; opium and carbonate of ammonia for the cough. The treatment of pneumonic *grippe* is essentially the same as that of uncomplicated pneumonia, the author emphasizing the advisability of preserving the strength of the patients.—*La Grippe and its Treatment.* By Cyrus Edson. New York, 1891, 16mo, 46pp. D. Appleton & Co.

How to Administer Iron.

It is generally conceded that the officinal tincture of chloride of iron is the most valuable of the iron preparations therapeutically. The practical difficulties attending its administration for a length of time have been its disagreeable astringent taste, its corrosive action on the teeth, and its constipating action.

Dr. G. W. Weld's extensive experience in the practice of dentistry led him to recognize the virtues of the tincture of the chloride of iron as a stimulant resource for patients after the strain of the dentist's work. Repeated experiments to obtain a formula free from the objectionable features resulted in the preparation of a highly-palatable syrup with all the therapeutic efficacy preserved. This has been extensively tested and placed in the hands of Parke, Davis & Co. for manu-

facture, who strongly commend it to the medical profession for trial. Being prepared after Dr. Weld's formula, it is entitled Weld's Syrup of Iron Chloride (P., D. & Co.'s). It is believed it will effect a revolution in iron administration.

Important Notice and Removal.

To avoid failure or doubtful success in the use of Peroxide of Hydrogen, be sure you get Marchand's Medicinal. No substitute can replace it; statements of dealers, interested or unscrupulous parties to the contrary, notwithstanding.

There is great inducement to substitute in this article, for the reason that Peroxide, made for bleaching and varying trade purposes, cost to produce only a fraction of what Marchand's Medicinal cost, and the unscrupulous druggist or dealer pockets the difference in profit at the expense in reputation of the physician and Marchand's Peroxide of Hydrogen. Medicinal, put up in 4-oz., 8-oz. and 16-oz. bottles only, with which every careful physician should be familiar in order to frustrate dishonest substitution, and assure success.

DREVET MANUFACTURING CO.,
28 Prince St., New York.

"ANTIKAMNIA is no longer a stranger to the medical profession, but is daily winning laurels in its mission as 'opposed to pain.' It is described as a new combination of coal tar derivatives of the series CnH2n-6 into which the amines have entered, forming the various amido-compounds. It is by the further combination of other organic bodies with the amido-benzoles that many of the valuable antipyretics and analgesics have been brought into existence. Antikamnia has as its base the derivatives of the amido-benzoles, so combined as to obviate the bad effects caused by many of this series of organic bodies when administered alone.

"Briefly stated, it is indicated in Cephalgia, Neuralgia, attacks of Acute Rheumatism, Locomotor Ataxia, Sciatica and the disorders of Menstruation accompanied by pain. In the treatment of Malaria, Typhoid and other fevers it is fast winning its way. In the treatment of diseases where it is important to exhibit quinine, the action of Antikamnia will be found especially desirable in preventing the disturbance of the nervous system, so frequent when quinine is given in large quantities.

"So far as my experience goes, we need not anticipate unfavorable after-effects; its action is soothing, tranquilizing and diminishes the tendency of a rise of the bodily temperature. Antikamnia has been found by Dr. Alvord, of 'The St. Louis City Hospital,' especially valuable in the treatment of Phthisis.

"A very successful operation, performed by Dr. A. V. L. Brokaw, demonstrator of anatomy and surgery, Missouri Medical College, in a case of a severe stab wound of thorax and abdomen, published in the same journal of December, 1890, shows how valuable is Antikamnia as a remedy for the relief of pain. It is best exhibited in doses of from three to ten grains every three or four hours, in powder or tablet form, taken in water or wine.

"Its anodyne action is admirably shown in the treatment of the insomnia of neurasthenic patients, and for the treatment of many cases of sleeplessness in over-worked business and professional men."

I am, very sinserely yours,
W. THORNTON PARKER, M.H., M.M.S.S.

DE LAND, FLORIDA, Feb. 1, 1892.

DEAR SIRS: In response to your inquiry in reference to the "Elixir of the Three Chlorides," I will say that I have used it in my practice during the last six months, and in all cases to which such a preparation is adapted it leaves nothing to be therapeutically desired. Very respectfully,

D. STEWART LYON, M.D.

THERE is a doctor in Missouri named Jacassy, and his rival across the street says he deserves the name.